



## EMPLOYMENT APPLICATION

Human Resources  
102 Roadrunner Drive  
Sedona, Arizona 86336  
(928) 203-5034  
Fax (928) 282-7207  
[www.SedonaAz.gov](http://www.SedonaAz.gov)

For application to be considered, you must: 1) type or print all answers; 2) supply all requested information. If an item does not apply to you, or if there is no information to be given, write in the letters "NA" for Not Applicable.

PLEASE NOTE: For completing "Employment History," fill in ALL spaces accurately and completely.

**A RESUME MAY BE SUBMITTED, HOWEVER, YOU MUST COMPLETE ALL INFORMATION REQUESTED ON THE APPLICATION.**

Resume Attached: Yes ☐ No ☐ (Not to exceed 3 pages)

### GENERAL INFORMATION

Position applying for: \_\_\_\_\_

Salary Requirements: \_\_\_\_\_ Per \_\_\_\_\_ SS# \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mailing  
Address: \_\_\_\_\_  
(Street) (City/State) (Zip)

Phone: \_\_\_\_\_  
(Home) (Cell) (Email)

<p>You will accept:</p> <p><input type="checkbox"/> Full-time</p> <p><input type="checkbox"/> Part-time</p>	<p>Shift work you will accept:</p> <p><input type="checkbox"/> Days</p> <p><input type="checkbox"/> Evenings</p> <p><input type="checkbox"/> Nights</p> <p><input type="checkbox"/> Rotating</p>	<p>How did you learn of this position?</p> <p><input type="checkbox"/> Newspaper                      <input type="checkbox"/> Sedona Website</p> <p><input type="checkbox"/> Job Bulletin                      <input type="checkbox"/> Internet Site</p> <p><input type="checkbox"/> Job Interest Card                      _____</p> <p><input type="checkbox"/> Other                                      Specify</p>
<p>TEMPORARY</p> <p><input type="checkbox"/> Full-time</p> <p><input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> On Call</p> <p style="text-align: center;">_____ Specify</p>		

<p>Are you currently a regular City of Sedona employee? Yes ____ No ____ Emp.# _____</p> <p>No related employees may be supervised or where conflict might arise concerning a question of internal control. Are any of your relatives employed by the City of Sedona? If yes, please list their name(s) and Department(s) for which they work.</p> <p>Name _____</p> <p>Department _____</p> <p>Do you have the legal right to work in the U.S.? Yes ____ No ____</p> <p>If yes, you will need to show proof of work eligibility to be employed such as a valid driver's license or other state issued I.D.</p> <p>Do you have any reason to believe that you will be discharged, requested or forced to resign from your current position within the next thirty (30) days? Yes ____ No ____</p> <p>If yes, please explain the circumstances.</p> <p>_____</p> <p>_____</p>	<p>Have you ever been terminated or forced to resign due to misconduct or unsatisfactory service? Yes ____ No ____</p> <p>If yes, please explain the circumstances</p> <p>_____</p> <p>_____</p> <p>Have you ever been convicted of any violations of federal, state, local or military law or statute since your 18<sup>th</sup> Birthday? Yes ____ No ____</p> <p>If yes, explain in space provided</p> <p>_____</p> <p>_____</p> <p><b>NOTE: A CONVICTION IS NOT NECESSARILY A BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED INDIVIDUALLY, BASED ON JOB REQUIREMENTS.</b></p>
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## EDUCATION, TRAINING AND SKILLS

Did you receive a High School diploma? Yes [ ] No [ ]				
High School/Colleges University/Trade School Technical/Business School	City/State	Major Coursework	Sem. Hrs.	Degrees Completed

List all current licenses, trade or professional registrations:

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List professional organizations that relate to the job for which you are applying.

Are any of your educational or employment records found under a different name?

## EMPLOYMENT HISTORY:

Show complete experience related to the job for which you are applying; military and volunteer experience. Give additional experience when it applies to the position you are seeking. Be accurate and complete. Your qualifications will be evaluated on the basis of the information provided on this application. Start with your present or last position and proceed in reverse chronological order.

### **Present or most recent job:**

Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Your Title: \_\_\_\_\_ Supervised (no.) \_\_\_\_

Name/Title of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Title of Dept. Head/Business Owner: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Total Months Worked: \_\_\_\_

Starting Salary:\$ \_\_\_\_\_ per \_\_\_\_\_ Final Salary:\$ \_\_\_\_\_ per \_\_\_\_\_

May we contact your former employer prior to employment? Yes [ ] No [ ]

Describe each major function or duty you performed: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

**Second Most Recent Job:**

Employer:\_\_\_\_\_Type of Business:\_\_\_\_\_  
Address:\_\_\_\_\_Phone:\_\_\_\_\_  
Department:\_\_\_\_\_Your Title:\_\_\_\_\_Supervised (no.) \_\_\_\_  
Name/Title of Supervisor:\_\_\_\_\_Phone:\_\_\_\_\_  
Name/Title of Dept. Head/Business Owner: \_\_\_\_\_  
Dates of Employment: From:\_\_\_\_\_To:\_\_\_\_\_Total Months Worked: \_\_\_\_  
Starting Salary:\$\_\_\_\_\_per\_\_\_\_\_Final Salary:\$\_\_\_\_\_per\_\_\_\_\_  
May we contact your former employer prior to employment? Yes [ ] No [ ]  
Describe each major function or duty you performed:\_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

**Third Most Recent Job:**

Employer:\_\_\_\_\_Type of Business:\_\_\_\_\_  
Address:\_\_\_\_\_Phone:\_\_\_\_\_  
Department:\_\_\_\_\_Your Title:\_\_\_\_\_Supervised (no.) \_\_\_\_  
Name/Title of Supervisor:\_\_\_\_\_Phone:\_\_\_\_\_  
Name/Title of Dept. Head/Business Owner: \_\_\_\_\_  
Dates of Employment: From:\_\_\_\_\_To:\_\_\_\_\_Total Months Worked: \_\_\_\_  
Starting Salary:\$\_\_\_\_\_per\_\_\_\_\_Final Salary:\$\_\_\_\_\_per\_\_\_\_\_  
May we contact your former employer prior to employment? Yes [ ] No [ ]  
Describe each major function or duty you performed:\_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

List three persons you have known for at least five (5) years:

1. Name:\_\_\_\_\_Phone:\_\_\_\_\_  
Address:\_\_\_\_\_
2. Name:\_\_\_\_\_Phone:\_\_\_\_\_  
Address:\_\_\_\_\_
3. Name:\_\_\_\_\_Phone:\_\_\_\_\_  
Address:\_\_\_\_\_

List three work references:

1. Name:\_\_\_\_\_Phone:\_\_\_\_\_  
Address:\_\_\_\_\_
2. Name:\_\_\_\_\_Phone:\_\_\_\_\_  
Address:\_\_\_\_\_
3. Name:\_\_\_\_\_Phone:\_\_\_\_\_  
Address:\_\_\_\_\_

If the job for which you are applying requires a driver's license do you possess one?

Yes \_\_\_\_ No \_\_\_\_

Driver's License number \_\_\_\_\_ State \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**READ THIS APPLICATION AND YOUR ANSWERS BEFORE SIGNING BELOW**

In submitting this application, I understand that false statements will disqualify me for employment or cause my subsequent dismissal. I also understand that, if accepted for employment, I shall be required to provide proof of identity and eligibility to work in the United States in addition to signing a loyalty oath as a condition to receiving any compensation from the City in connection with this application. I authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services and former employers to release information that they may have about me to the City of Sedona or its agents. IN MAKING THIS APPLICATION FOR EMPLOYMENT, IT IS UNDERSTOOD THAT AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS, OR OTHERS WITH WHOM I AM ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATION. This authorization, in original or copy form, shall be valid for this and any future reports that may be requested. I further understand and agree that, if employed by the City of Sedona, I will have no expectation of privacy in desks, files, lockers, vehicles or any other property owned by the City of Sedona.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THE CITY OF SEDONA IS AN EQUAL OPPORTUNITY EMPLOYER**